

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

514 -62-001745

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas cityLength of stay in 1b
1 Weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Luke's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Kansas b. COUNTY Johnson

c. CITY OR TOWN Mission Hills

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5720 High DriveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

S.

Hockaday

4. DATE OF DEATH

Month

Day

Year

January 27 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-30-1940

9. AGE (last birthday)

21 Yrs

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

Student

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Burnham Hockaday

13b. MOTHER'S MAIDEN NAME

Clara Stager

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mission, Hills
Burnham Hockaday 5720 High Drive18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malignant Teratoma with

INTERVAL BETWEEN ONSET AND DEATH

10 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Widespread Metastases

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 19 61 to January 27 62 and last saw her alive on January 27 62.
Death occurred at K. City, Mo., 1:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arnold D. Arms MD

22b. ADDRESS

4635 Wyandotte K. City Mo

22c. DATE SIGNED

1-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-30-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Washington

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

1-29-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer, No. 4648

P. O. Address Lamar City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.